Michigan Department of Community Health

VISION SERVICES APPROVAL / ORDER

For MDCH Consultant Use Only

1. Prior Authorization Number

2	3	4	5	6

NOTE: Approval refers to services and does NOT guarantee beneficiary eligibility.

7. **Provider** Name (Last, First, Middle Initial)			9. Phone No. ( )	10. Provider ID Number
8. Address (No. & Street, Suite, Lot, etc.)			11. Provider Signature	12. Provider Type
City	State	ZIP Code		13. Date of Order

14. **Beneficiary** Name (Last, First, Middle Initial)			16. Sex ☐ **FEMALE** ☐ **MALE**	
15. Address (No. & Street, Apt. No., etc.)			17. Birth Date	18. Beneficiary ID Number
City	State	ZIP Code	19. Diagnosis:	

	20. DESCRIPTION OF SERVICE(S)	R	L	21. PROC. CODE	22. QUANTITY	23. CHARGE
01	Spectacle Lens(es)	☐	☐			
02	Frame	☐	☐			
03		☐	☐			
04		☐	☐			
05		☐	☐			
06		☐	☐			
07		☐	☐			

24. Reason: ***Note:*** *If prior authorization is required, attach documentation of medical necessity pursuant to Medicaid Vision Manual.*

☐ **INITIAL GLASSES** ☐ **REPLACEMENT** ☐ **DIOPTER CHANGE**

25. Lens Type:

☐ **PLASTIC** ☐ **GLASS** ☐ **POLYCARBONATE** ☐ **LENS(ES) ONLY** ☐ **FRAME ONLY**

26. Lens Style:

☐ **SINGLE VISION** ☐ **BIFOCAL** ☐ **TRIFOCAL** ☐ **HI INDEX** ☐ **CATARACT**

27. Frame Name		Manufacturer	
Color	Eye Size	Bridge Size	Temple Style & Length

LENS SPECIFICATIONS

28.	SPHERE	CYLINDER	AXIS	PRISM POWER & BASE DIRECTION	MRP HORIZONTAL	MRP HEIGHT
R						
L						

	ADD	SEGMENT HEIGHT	WIDTH & STYLE	SEGMENT INSET	TOTAL INSET	PD
R						Far:
L						Near:

29. Special Instructions to Laboratory:

PREVIOUS LENS SPECIFICATIONS

30.	SPHERE	CYLINDER	AXIS	ADD	PRISM / DIRECTION	LENS STYLE
R						
L						

31. ***For MDCH Consultant Use Only***

☐ **Approved** ☐ **Disapproved -** Exceeds Frequency ☐ **No Action**

☐ **Amended** ☐ **Disapproved -** Criteria Not Met ☐ **Insufficient Documentation**

Initials and Date

Authority: Title XIX of the Social Security Act

Completion: Is Voluntary, but is required if Medical Assistance program payment is desired.

The Department of Community Health is an equal opportunity employer, services, and programs provider.

DCH-0893 (Rev. 12/03) (W) Previous Edition may be used.